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ABSTRACT

This article reports the results of a national survey on the practices of state vocational rehabilitation agencies with regard to purchase and utilization of psychological consultation services from private psychologists. A letter was sent to each of the 50 state vocational rehabilitation agencies requesting information on nine points. Forty-four states responded. While it is common procedure for state agencies to purchase private psychological services, the criteria governing service contracts, standards, and fees vary considerably. The survey data revealed that state agencies vary with regard to standards and methods of selection, qualification, and performance of psychologists. Information regarding the numbers of clients and psychologists involved, and the total amount of monies spent for psychological consultant services was obtained from approximately one-third of the responding states and was found to vary widely from state to state. It is likely that some of the influencing factors accounting for the large discrepancies are the size of the state agency, the rehabilitation case loads, the availability of public and private psychologists, and interagency cooperativeness. (Author/PC)

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STATE VOCATIONAL AGENCY PRACTICES IN THE PURCHASE OF PSYCHOLOGICAL SERVICES[1]

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[1]Supported by Grant 16-P-56805/3-06 from the Social and Rehabilitation Service, Department of Health, Education and Welfare, to the University of Pittsburgh, School of Education, and the Commonwealth of Pennsylvania, Bureau of Vocational Rehabilitation.

[2]The technical assistance of Howard T. Blane, Ph.D., University of Pittsburgh, Research and Training Center in Vocational Rehabilitation, is appreciatively acknowledged in the preparation of this manuscript.

Abstract

This article reports the results of a national survey on the practices of state vocational rehabilitation agencies with regard to purchase and utilization of psychological consultation services from private psychologists. A letter was sent to each of the fifty state vocational rehabilitation agencies requesting information on nine points. Forty-four states responded. While it is common procedure for state agencies to purchase private psychological services, the criteria governing service contracts, standards, and fees vary considerably.

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Rehabilitation agencies for a variety of reasons utilize the consulting services of psychologists in private practice to assist them in making decisions regarding the planning of a client's rehabilitation program. Most private agencies which provide vocational rehabilitation services of a psychological nature have a psychologist on their staff. State rehabilitation agencies, on the other hand, usually depend upon the purchase of psychological services from private practitioners on an as needed basis. A large state office may find that the volume of work generated by the counselors for psychological services makes the employment of a full-time psychologist most efficient and economical. However, most psychological services required for client assessment are purchased from psychologists, usually within the community.

This paper reports the findings of a national survey of selected characteristics of the practices of state agencies in the purchase of psychological services. The survey was in part seen as a necessary prerequisite to some of the training programs planned by the Research

and Training Center in Vocational Rehabilitation, University of Pittsburgh. This Research and Training Center has as its primary program focus "The Assessment of the Socially Handicapped." Present national program priorities indicate that rehabilitation services for the socially handicapped, which for our purposes include the drug addict, the alcoholic, the public offender, the juvenile delinquent, the poor and the disadvantaged, will be greatly intensified. The success of some of these programs will in part be dependent on the ability to identify effectively those persons who will profit most from available services. Assessments made by psychologists of potential clients will in many cases significantly affect a counselor's decision-making about the client's likelihood to benefit by the agency's service program.

There are a number of contingencies which determine the effectiveness of the assessment made by the psychologist. Not all clients are referred to a psychologist for specific evaluations or for comprehensive assessment. Typically the referred client is one about whom the counselor finds it difficult to reach a decision, or whose progress is inconsistent with the counselor's expectations. The counselor thus refers his client to a psychologist with authorizations and instructions which frequently may be as non-specific as "do something." Some of the reports sent by the psychologist to the

referring counselor may contain information which, rather than assisting, may further confound the counselor's decision-making process. Such information may in part be due to the fact that the counselor sent the client to the psychologist with vague instructions.

Effective consultation results when a counselor is able to define clearly the information he requires from the psychologist and when the psychologist consequently understands what is expected of him and reports his findings in unambiguous language. These criteria are not always met by counselor or psychologist. In some cases the ineffectiveness of the report is due to the counselor's inappropriate or non-specific consultation request. In other instances it may be the psychologist who is lacking in the skills required to deal with the consultation even when the counselor clearly states what he needs. A consideration of some of these problems led to the following questions: (1) When should a counselor refer a client for psychological assessment? (2) What kind of questions should a counselor ask of a psychologist? (3) What kind of answers can the psychologist provide? (4) How do psychologists assess? (5) How can the psychologist make his report meaningful to the decision process needs of the client and counselor? (6) How can the counselor use the data which the psychologist sends back to him? (7) If the psychological reports do not provide usable information, what action

can be taken by the counselor?

Methodology

In order to answer these questions, more information regarding current practices of state vocational agencies in the purchase of psychological consultation was needed. A letter containing nine questions was sent to each of the fifty state's department or bureau of vocational rehabilitation offices. The questions were: (1) What is the policy of your agency with regard to the practice of purchasing psychological services from psychologists in private practice? (2) How are psychologists selected and certified by your agency as qualified or acceptable for this function? (3) What standard does your agency have relative to the training and experience of such professional persons? (4) What is the fee schedule for the various services that might be purchased from psychologists? Please send me a copy of your fee schedule. (5) What controls are there to determine the acceptability and quality of the reports that are the end product of this referral? (6a) Is there a psychology consultant or a psychologist on the state level with whom I might correspond relative to some of the ramifications of the questions raised above, and if so, who is this person and what is his address? (6b) What data is available which would indicate to what extent the psychologist's findings influence the counselor's management of the client's

rehabilitation plan? (7) What is the total amount of monies spent during the past fiscal year for the purchase of psychological consultation services? (8) How many clients received such a referral? (9) How many individual psychologists participated in this activity during the past year?

Findings

Forty-four state offices responded to the letter. The percentage of states responding to each of the nine survey questions ranged from 30 percent to 100 percent, with a median of 40 percent, and a mean of 34.3 percent.

Purchase of services. Forty-three of the forty-four responding states do purchase services from psychologists in private practice. The portion of psychological evaluations purchased by states from private practitioners varies from "almost none" to "almost all." The amount of services purchased is contingent not only upon availability of private practitioners but also upon ready access to "no cost" sources, such as agency staff. The extent to which rehabilitation counselors personally do testing within the agency, and in some cases the fee schedules of private psychologists, are other factors determining the extent to which psychological services are purchased. While psychological services are purchased from private practicing psychologists, purchasing contracts are also made with other state

agency programs such as the state health departments; schools, colleges and universities; special education centers; public and private facilities, such as clinics, hospitals, agencies, institutions, organizations, corporations, and voluntary facilities.

Selection and certification. The qualifications of psychologists from whom services are purchased has been influenced by statutory licensing and/or certification. The term "statutory" means that regulations and controls regarding the practice of psychology are written into the laws of a state by its legislative branch. The term "non-statutory" means that certification programs are administered by a non-legislative body. Regarding licensure or certification of psychologists in the states responding to the survey, 32 have statutory enactments, 11 states have a non-statutory status, and one state has neither (Lazo, 1968). The means by which a state vocational rehabilitation agency selects and certifies psychologists varies considerably. To illustrate, eight state agencies have established their own criteria of examiners in spite of the fact that two of these states have statutory licensing, two have statutory certification, and one has non-statutory certification. Two levels of licensing are issued by the state board in one of the states. Those persons designated as a "Practicing Psychologist" are qualified to render any kind of psychological service including personality diagnosis and

psychotherapy. Those designated "Psychological Examiner" are limited to the administration of individual intelligence tests, objective personality, interest, and aptitude tests.

Three other state agencies base qualifications for psychologists used for consultation upon American Psychological Association membership plus individual screening. These three states maintain non-statutory certification.

Twenty-four state agencies base qualification for consultation services on state licensing and/or certification. Of these particular states, four have statutory licensing, thirteen have statutory certification, and seven have non-statutory certification.

Seven state agencies have no formal policy regarding selection and certification of psychologists. None of these states have licensing acts, but two do have statutory certification, and three have non-statutory certification.

Standards of training and experience. Diverse standards are set by the agencies regarding the training and experience of the psychologist from whom services are purchased. In all, 42 states responded to the question regarding standards, with two of these states declaring that no specific guidelines, training, or experience are required of persons used for psychological services. Those standards set by the remaining 40 states varied according to the

amount of training and experience required, as well as acceptance of recognized state or American Psychological Association requirements.

The standards may be grouped into six distinct patterns. The minimal standard of an "acceptable" psychologist is the baccalaureate degree with two years' experience (one state agency). The next pattern represents a master's degree in psychology (four states) although the degree may also be in educational psychology, or any academically related field (one state). Additional stipulations (one state each) are for experience of one year, three years, and five years. The characteristic of the third pattern is that the psychologist holds a doctorate with from one to two years' experience (four states). The fourth pattern requires (fifteen states) that consulting psychologists be state certified. Six of these state agencies additionally specify the need for a doctorate or master's with experience (two states), a doctorate and state competency examination (one state), American Psychological Association affiliation (two states), and approval by the agency's psychological consultant (one state). The fifth pattern (ten states) accepts state licensing as the basic requirement. Eight of these further specify the need for a doctorate (three states), a doctorate with one year experience (one state) or two years' experience (two states), a minimum of a master's plus

one year experience (one state), and finally, approval of the vocational rehabilitation agency's director of psychology (one state). Qualification for membership in the American Psychological Association represents the final and sixth pattern of standards (required by three states). The standards set by the remaining two of the 42 responding state agencies require special attention for they use the requirements established by their own state psychological association. The inference here is that certification and licensing are not involved.

Fee schedules. Complete itemized fee schedules were submitted by 33 states and summary or partial fee schedules by seven states. Four states have no schedule with fees often arrived at through bargaining procedures between the referring agency or counselor and the psychologist from whom services are being sought.

Fee schedules for specific intelligence tests range from $5 to $20 per test with a mean of $16.47 and a median of $18.75. Analyzing fees for non-projective personality tests separately from the projective-type tests disclose fees which range from $5 to $40 with a mean of $17.36 and a median of $15. Projective tests, such as the Incomplete Sentence Test, the Rorschach and the Thematic Apperception Test, also range from $5 to $40 but with a mean of $21.37 and a median of $25. Fees for Achievement tests range from $2.50 to $25 with a mean of $8.47 and a median of $5.50, whereas Aptitude

tests range from $1 to $25 with a mean of $8.40 and a median of $5. Vocational tests have the least amount of variation in fees with the range varying from $3 to $6, a mean of $4.86 and a median of $5.

The majority of states approach fee scheduling by reimbursing for psychological test batteries. Refer to Table 1 for a summary of test battery fees.

Insert Table 1 about here

Four states have flat fee rates which vary from $30 to $50 for a battery regardless of its composition. In some states the psychologist is given the perogative to determine what evaluative means are needed in order to provide the agency with the requested assessment. The authorization for services may include a complete psychological evaluation, consultation, and the necessary reports.

One state makes no distinction between the type of psychological service rendered and instead has established a $17 hourly rate. Two other states have a $25 per hour rate. In contrast, several states referred to fees for psychological services in addition to, or in lieu of, the psychometric evaluations. These services are designated as "clinical interviewing" at $15 per hour, "psychological counseling" ranging from $10 to $20 per hour, individual "personal adjustment training" at $15 per hour and in groups at

$7.50 per person for each 90 minute session, and "psychological consultation" at $5 to $25 per hour.

Psychotherapy with groups and individuals was also included at differing rates by some states. For instance, with groups the fees range from $6 to $20 per hour, and in some cases a $2 to $5 additional bonus is allowed for each individual client above one. Fees for individual psychotherapy ranged from $10 to $25 per hour. Some states specify that the psychologist giving psychotherapy must have a doctorate in clinical psychology and have additional psychotherapy experience. Other states will not authorize a psychologist to do any type of psychotherapy, such services being exclusively purchased from psychiatrists. A few states indicate that when a psychologist does provide therapy the patient must be under the supervision of a "competent physician" who has previously made the psychiatric diagnosis. Some state agencies purchase psychotherapy from psychologists, social workers and psychiatrists but do not keep records as to the amount of such services purchased from these separate professions nor the difference, if any, in the fee schedules. An agency may give reimbursement when a client fails to keep an appointment, however this does not apply to all appointments missed for in several instances a psychiatrist may be eligible for reimbursement while a psychologist is not.

The substitute procedure for those states without a fee schedule is governed in two ways. First, the rates quoted and requested by the individual psychologist under consideration is approved if it is generally in line with the rates charged by other psychologists currently used as consultants by the agency. Secondly, the rates are accepted if they approximate the usual and customary fee for such services in the community.

Quality Control. An accounting of the responses concerned with the provision for quality control of psychological reports by the vocational rehabilitation agencies indicate that seven state agencies have some type of formal quality control. These controls include reviews and spot checks of the psychological reports by a supervisory group or panel of psychologists, by the agency supervisor and/or district supervisor, by the agency's state and district psychological consultants, by the agency's staff clinical psychologists, and by periodic administrative file audits.

Twenty-eight of the state agencies indicated they had informal quality controls. Generally, this means that the counselor, sometimes co-jointly with his supervisor, is responsible for quality control according to his own subjective criterion of "satisfaction" with a psycholgical report. Of the remaining state agencies, six did not respond to the question, while three stated they had no

controls.

It is of interest to note, in relation to the seven state agencies indicating some form of formal quality control, that all have psychological consultants. However, the availability of consultants does not necessarily imply such controls since ten of the state agencies with psychological consultants made reference to nonspecific forms of informal control.

Psychology consultant. The existence or availability of a psychology consultant position within the vocational rehabilitation agencies was answered by forty of the forty-four responding states.

Twenty-eight states have psychology consultant positions authorized, although at the time of the survey, four positions were not filled. In another four states the authorized position is outside the formal psychology consultant role. To illustrate, the director of a state vocational rehabilitation agency, a rehabilitation center, and a mental health agency was specified as a consultant because of previous training in psychology. One state refers to a psychiatrist or psychiatric social worker as the psychological consultant.

Influence of psychological report. Thirty-one states made no reference to how the psychology report influences the rehabilitation plan. Twelve agencies explained that this information could not be readily retrieved. The problem of data gathering was most commonly

attributed to two sources. First, those state agencies with computers did not program or code their information inputs in a way that would provide access to the specific breakdown of data required by the questionnaire. To illustrate, various services such as medical, psychiatric, and psychological might be coded together under "diagnostic services." Secondly, a number of states have no data processing system available. Therefore, the information sought by the questionnaire was not a part of their routine record keeping and consequently was unavailable, and the task of extracting the information by other means was considered to be too difficult.

The subjective comments from four state agency representatives on the influence of psychological findings were of a positive nature, i.e., counselors unaminously agree that psychologist's findings are important in all decision making concerning training and in many decisions concerning physical restoration; counselors normally give serious weight to the psychologist's recommendations especially after they have had some experience with, and gained appreciation of, a particular psychologist's ability; and after spot-checking several final rehabilitation plans, one respondent concludes that counselors do tend to follow the psychologist's findings in the majority of cases.

General acceptance of the value of psychological consulatations

to rehabilitation decision making seems unquestionable in light of the extent of continued purchase of psychological services. Further investigations are needed to determine the degree to which counselors use or do not use the information, and how the findings actually influence planning. A number of states indicated concern over their own lack of information in this regard and are interested in developing more efficient storage and retrieval methods.

Yearly expenditures, numbers of clients referred, and number of psychologists utilized. Table 2 is a composite of data reported on the questions dealing with yearly expenditures, number of clients referred, and the number of psychologists involved in providing the services purchased by state agencies. Some states have a sizable fiscal expenditure for psychological services while others, usually those states with smaller more rural populations, spend an insignificant amount.

Insert Table 2 about here

The majority of states indicated that the data they supplied represent estimates for the 1967 - 1968 fiscal year. Consequently, the data in Table 2 should be interpreted accordingly. While some states have an approved roster of psychologists, a central record-keeping system of the extent to which each psychologist was actually

used, and how often, was not available.

Summary

The survey data reveal that some states make extensive purchases of services from private psychologists while others do not. However, the question of how the results are utilized in the rehabilitation plan did not produce quantifiable data. It appears that more study needs to be addressed to this issue.

The state agencies vary considerably with regard to standards and methods of selection, qualification, and performance of psychologists. In some instances, requirements of education and experience are spelled-out in detail. In others, the availability of psychologists and the counselor's subjective assessment and satisfaction with a psychologist's work are sufficient criteria for his continued use.

Even though most states did indicate they had some form of fee schedules, whether as a bargaining base line or as a non-negotiable set fee, the range for individual tests, test batteries, and other consultation services among states is comparatively broad.

Information regarding the numbers of clients and psychologists involved and the total amount of monies spent for psychological consultant services was obtained from approximately one-third of the responding states. From these states there typically followed a qualifying statement saying that the figures were estimates. What

is reflected by the wide difference in the estimated figures of monies spent, clients referred, and psychologists utilized is unclear. It seems likely that some of the influencing factors are the size of the state agency, the rehabilitation case loads, the availability of public and private psychologists, and inter-agency cooperativeness.

Reference

Lazo, John H. (Ed.) 1968 Directory American Psychological Association. Washington, D. C.: APA, Inc.

Footnotes

[1] Supported by Grant 16-P-56805/3-06 from the Social and Rehabilitation Service, Department of Health, Education and Welfare, to the University of Pittsburgh, School of Education, and the Commonwealth of Pennsylvania, Bureau of Vocational Rehabilitation.

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Table 1

Summary of Test Battery Fees

Test-battery description	n*	Range	Mean	Median
Intellectual	15	$10.00 - $ 50.00	$26.25	$20.00
Personality	9	$10.00 - $ 65.00	$40.00	$40.00
Intelligence and personality	23	$20.00 - $100.00	$53.04	$50.00
Intelligence, personality, and vocational interest and/or aptitude	41	$10.00 - $100.00	$48.41	$50.00
Evaluation of organic brain envolvement	7	$15.00 - $ 50.00	$22.14	$15.00

* Number of states submitting fees per battery

Table 2

Summary of Expenditures, Clients Referred, and Psychologists Utilized

Item	n*	Range	Mean	Median
Yearly expenditures	26	$5,000 - $451,000	$91,561	$45,630
Number of clients referred	26	37 - 13,500	1,925	1,016
Number of psychologists utilized	28	5 - 250	54	30

*Number of states providing data.